



2004-2005

**IMPORTANT
HEALTH PLAN
CHANGES!**
Weigh your options
carefully.

Benefit Decision Guide *for* RETIREES AND SURVIVORS

FOR CHANGES
EFFECTIVE
JULY 1, 2004



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT

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MITT ROMNEY
GOVERNOR

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LIEUTENANT GOVERNOR



Spring 2004

Dear Friends:

The first year of my administration has been rewarding but challenging, particularly with regard to the state's fiscal crisis. We have tried to solve the budget shortfall with fairness, and public employees, retirees and their families have had to share some of the burden as their health care costs have been brought more in line with the private sector.

The Group Insurance Commission has spent a lot of time and effort considering all the options available to them to continue offering you the broadest possible choice and package of benefits. They have also embarked on some creative new paths, and there is information in this **2004-2005 Benefit Decision Guide** about these new ideas.

I urge you to become an informed consumer to help you make decisions on the most suitable combination of benefits for you and your family. The GIC makes many materials available to you for this purpose. Carefully review this guide, attend a health fair, read the *For Your Benefit* newsletter, and utilize the GIC website. These resources also provide information to help you take charge of your health.

I wish you and your family a safe and healthy year.

Sincerely,

A handwritten signature in blue ink, which appears to read "Mitt Romney".

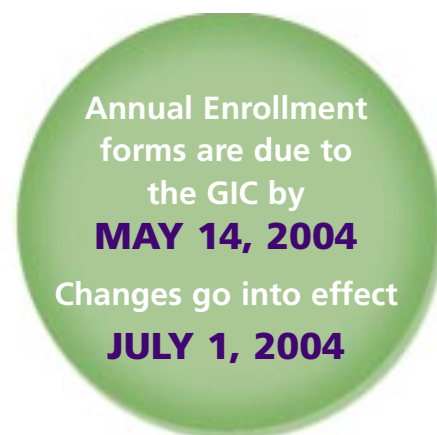
Mitt Romney

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IMPORTANT BENEFIT CHANGES!
Read this Benefit Decision Guide Carefully



*The Benefit Decision Guide is not a benefit handbook.
It is an overview of GIC benefits and should be used as a guide.*

Annual Enrollment

Annual enrollment begins April 12 and ends May 14, 2004. Choosing a health plan is an important decision for you and your family. Annual enrollment gives you an opportunity to review your options and select a new plan.

Many enrollees must select a new health plan during this year's annual enrollment. If you and/or your spouse or covered dependent are in a plan that the GIC no longer offers, you and your spouse/covered dependent, if applicable, must select a new health plan. Failure to select a new health plan will result in the GIC selecting a plan for you.

If you want to keep your current GIC plan, and it is still being offered, you do not have to do anything. Your coverage will continue automatically.

Once you choose a health plan, you cannot change plans again until the next annual enrollment, unless you move out of the plan's service area.

If you are a . . .

- ▶ Retiree
- ▶ Survivor
- ▶ Elderly Governmental Retiree (EGR)
- ▶ Retired Municipal Teacher (RMT)
- ▶ Former employee who has continued to pay for health coverage through the state's 39-week option or the federal COBRA option

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If You Have Medicare. . . You may enroll in one of these health plans:

- ▶ Commonwealth Indemnity Medicare Extension Plan (OME)
- ▶ An HMO Medicare Plan

You may enroll in. . . Retiree Dental Plan

You may apply for*. . . Health Insurance Buy-Out Option

If You Do Not Have Medicare. . . You may enroll in one of these health plans:

- ▶ Commonwealth Indemnity Plan
- ▶ Commonwealth Indemnity Plan PLUS**
- ▶ Commonwealth Indemnity Community Choice Plan**
- ▶ Harvard Pilgrim POS**
- ▶ Navigator by Tufts Health Plan**
- ▶ An HMO

You may enroll in. . . Retiree Dental Plan

You may apply for*. . . Health Insurance Buy-Out Option

**** Elderly Governmental Retirees (EGRs) and Retired Municipal Teachers (RMTs) may not enroll in these plans.**

Enrollment and application forms are available on our website: www.mass.gov/gic, at the GIC health fairs, and by calling or writing to the GIC.

By Submitting by May 14. . .

- ▶ Medicare enrollees write to the GIC requesting the change
- ▶ Send non-Medicare enrollment forms to the Group Insurance Commission
- ▶ Send an HMO or Harvard Pilgrim POS enrollment form to the Plan (if applicable)

*** See page 22 for eligibility.**

Changes become effective. . . July 1, 2004

Why There Are Changes This Year: The GIC's Clinical Performance Improvement (CPI) Initiative

Health care costs continue to escalate at a double-digit annual pace while the state continues to face budget shortfalls. Over the last few years, the GIC has responded to these dual challenges on multiple fronts. Our philosophy has been to continue to provide all enrollees and their family members with comprehensive coverage, implementing difficult but necessary changes across GIC participants in as fair a way as possible, while being part of the solution to the state's fiscal dilemma.

This year we went out to bid for many of our health plans, giving us an opportunity to identify a better way to provide quality health care benefits, while containing costs for the Commonwealth and enrollees alike. Significant savings can be achieved in the health care system itself.

While costs have risen, numerous studies have documented that health care quality varies greatly among providers: according to a June 2003 study published in the *New England Journal of Medicine*, only 54.9% of patients get the highest quality of care. The Institute of Medicine (IOM) defines quality care as timely and effective treatment with patient-centered screening, diagnosis, treatment and follow-up. This quality care gap varies widely, depending on medical condition.

To address this gap, we formulated an initiative we called the Clinical Performance Improvement (CPI) Initiative, and we asked our health plans to take a new look at how they would deliver the kind of care and information that our CPI Initiative is seeking to provide. As you will see, many of our health plans rose to the challenge and are offering you a new way to select your care. While encouraging change, we have tried to be mindful that our enrollees value continuity as well. If you do your homework, you will find a plan that enables you to keep your same providers, while minimizing the impact on your wallet. Some of the plan names are unchanged; others have new names, but familiar plan administrators.

During the first year of our new health plan contracts, our health plans will be gathering quality of care data about area providers. The data will be analyzed by outside experts, who will use it to identify high quality, cost-efficient providers. The health plans, in turn, will provide this information to GIC enrollees to help them decide where to seek care.

So what does this mean to you? In the long term, you will have access to provider quality information, which, particularly for physicians, is not readily available. You will be able to use this information to intelligently choose physicians, hospitals and other health care providers and be rewarded with lower out-of-pocket costs for choosing quality, efficient providers.

You may notice some of these incentives already in place this year. One of our new plans provides members with network hospital information and members will pay lower co-payments for selecting a high quality/high efficiency hospital. Another new plan offers higher benefits for routine procedures at network hospitals and for designated high-risk procedures at additional hospitals most experienced with those procedures.

In order for the CPI Initiative to succeed in improving quality and containing costs, you, our enrollees, must be an active part of the solution. We encourage you to weigh your health plan choices carefully, using this Benefit Decision Guide, our website, newsletter, and annual health fairs to assist with your decision.

Harvard Pilgrim First Seniority and Tufts Secure Horizons Rates Reduced

Rates for Harvard Pilgrim Health Care First Seniority and Tufts Health Plan Secure Horizons will be reduced effective July 1, 2004.

See pages 25-26 and 29 for details.

New *Without Medicare* Plans

The GIC is introducing three new health plan options for non-Medicare enrollees that correspond to our Clinical Performance Improvement (CPI) Initiative. All three plans offer higher benefit levels for in-network care. Members may also choose to go outside of the plan's provider network, subject to higher out-of-pocket costs:

- ▶ **Commonwealth Indemnity Community Choice Plan:** This plan, administered by UNICARE, gives members access to any Massachusetts physician. For routine procedures, care at the 40 network hospitals is provided at the highest benefit level; certain complex and emergency admissions are also covered at additional hospitals at the highest benefit level.
- ▶ **Harvard Pilgrim POS Plan:** This plan, administered by Harvard Pilgrim Health Care (HPHC), is a traditional Point of Service Plan (POS), requiring selection of a Primary Care Physician (PCP) to coordinate care and obtain referrals. This plan's benefit structure is similar to the current Commonwealth PPO, administered by Tufts Health Plan, except prescription drugs and mental health/substance abuse benefits are administered by the Plan itself. For the next fiscal year (FY06), HPHC will establish tiers of providers based on cost and quality. Details will be in next year's *Benefit Decision Guide*.
- ▶ **Navigator by Tufts Health Plan:** This plan, administered by Tufts Health Plan, is a PPO plan which does not require selection or referrals from a PCP. Hospital benefits are determined by the member's hospital choice. Tufts Health Plan will provide members with quality and value information on area hospitals before you are admitted. Members receive higher benefit levels when they select a higher quality and more cost-effective hospital.

Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs) are not eligible for these plans.

For additional information on these new GIC health plan options, see pages 16-17.

Current Commonwealth PPO Members – *Must Pick a New Plan*

The GIC will no longer offer the Commonwealth PPO, effective July 1, 2004. Commonwealth PPO members must select a new plan by May 14, 2004.

Current Harvard Pilgrim Health Care and Tufts Health Plan *Without Medicare* HMO Members – *Must Pick a New Plan*

The GIC will no longer offer the following HMOs, effective July 1, 2004. Members of these HMOs must select a new plan by May 14, 2004:

- ▶ Harvard Pilgrim Health Care
- ▶ Tufts Health Plan

Fallon Community Health Plan Benefit Changes

The following co-payments will change for Fallon Community Health Plan's non-Medicare plans, effective July 1, 2004:

Inpatient Hospital Co-Pay

- ▶ Direct Care and Select Care: \$250

Emergency Room Co-Pay

- ▶ Direct Care and Select Care: \$75

Well-Child Under Age 19 Visit

- ▶ Direct Care: \$0
- ▶ Select Care: \$5

Specialist Physician Office Visit Co-Pay

- ▶ Direct Care: \$15
- ▶ Select Care: \$20

Prescription Drugs

- ▶ Retail: Direct Care and Select Care: \$5/\$20/\$60
- ▶ Mail Order: Direct Care and Select Care: \$10/\$40/\$180

Tufts Health Plan Secure Horizons Benefit Changes

Effective July 1, 2004, Tufts Health Plan Secure Horizons will no longer offer preventive dental coverage. The following prescription drug co-payments will change, effective July 1, 2004:

- ▶ Retail: \$15/\$25/\$50
- ▶ Mail Order: \$30/\$50/\$100

If You Fail to Select a New Plan and Your Plan and/or Your Covered Dependent's Plan Has Been Discontinued

If your GIC health plan, or your spouse's/covered dependent's (under age 65) health plan has been discontinued and you do not select a new health plan by May 14, 2004, the GIC will assign you and your spouse/covered dependent (if applicable) to a new plan, effective July 1, 2004.

Insured and Spouse/Covered Dependent Coverage Under and Over Age 65

If you or your spouse/other covered dependent is younger than age 65, special enrollment rules apply. You and/or your spouse/covered dependent (under age 65) will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare. The GIC has added plan options for the enrollee under age 65 to include the new non-Medicare health plans and the Commonwealth Indemnity Plan PLUS. However, if you or your spouse/covered dependent is enrolled in a non-Medicare plan that has been discontinued, you or your spouse/covered dependent (under age 65) MUST select a new health plan. *See page 7 for Under/Over Age 65 health plan combination options.*

RMTs and EGRs with combination Medicare and non-Medicare coverage may only enroll in the Commonwealth Indemnity Medicare Extension (OME) Plan and the Commonwealth Indemnity Plan, Fallon Senior Plan Preferred and Fallon Community Health Plan Direct or Select Care, or Health New England MedRate and Health New England.

GIC Retiree Dental Plan Rates Reduced – Benefits Enhanced

GIC Retiree Dental Plan rates will decrease by over 13%, effective July 1, 2004. Additionally, the calendar year maximum benefit will increase from \$750 to \$850 per member. Reimbursement levels have also been increased, thereby reducing enrollees' potential out-of-pocket costs. *See pages 22 and 27 for details.*

Optional Life Insurance Rates Reduced

Optional life insurance rates will decrease by an average of 25% for most optional life insurance participants, as of July 1, 2004. *See page 27 for details.*

Patient Safety Update

Annual enrollment is a great time to prepare for the year ahead. As you consider your health care choices, please review the Leapfrog patient safety charts on pages 23-24 to learn about an important issue – preventable medical mistakes in hospitals. This information can help you choose the best and safest hospital for high-risk surgical procedures and obstetrical care.

Routine procedures are often safely and effectively performed at your community hospital. Your health plan can provide you with additional information. We encourage all enrollees to become informed health care consumers.

Comprehensive GIC Website

www.mass.gov/gic

See our website for:

- ▶ The latest annual enrollment news
- ▶ Forms to expedite your annual enrollment decisions
- ▶ Directions to the GIC health fairs
- ▶ Answers to common GIC questions
- ▶ Tools and links to help you take charge of your health
- ▶ Hospital research tool (*password: quality*)

Keep Your GIC Records Up-to-Date

Please remember to notify the GIC if:

- ▶ You add a spouse or dependents
- ▶ You get divorced or remarried
- ▶ Your former spouse remarries
- ▶ You move

The GIC's job is to provide you with benefits. Your job is to keep us up-to-date on family status changes. Be sure to notify the GIC in writing of these changes. Failure to notify the GIC of family status changes, such as divorce, remarriage, and/or addition of dependents may result in financial liabilities.



Medicare Guidelines

Medicare is the federal health insurance program for retirees age 65 and older and certain younger disabled people. Call or visit your local Social Security office to determine your eligibility.

Medicare Part A covers hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage. If you or your spouse is disabled, contact Social Security about Medicare eligibility. If you (the state insured) continue working after age 65, you and/or your spouse must enroll in Medicare Part A and defer your Medicare Part B until you retire.

When you (the state insured) retire:

- ▶ If you and/or your spouse is eligible for Part A for free, state law requires that, to be covered by the GIC, you and/or your spouse must enroll in Medicare Part A and Part B.
- ▶ You must join a Medicare plan sponsored by the Group Insurance Commission (GIC)

Insured and Spouse Coverage Under and Over Age 65

If you or your spouse or other covered dependent is younger than age 65, you and/or your spouse or other covered dependent (under age 65) will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare. The GIC has added plan options for the enrollee under age 65 to include the new non-Medicare health plans and the Commonwealth Indemnity Plan PLUS. However, if you or your spouse/covered dependent is enrolled in a non-Medicare plan that has been discontinued, you or your spouse/covered dependent (under age 65) **MUST** elect a new health plan. The plan combination choices now include the following:

- ▶ Commonwealth Indemnity Plan/Commonwealth Indemnity Medicare Extension (OME) Plan
- ▶ Commonwealth Indemnity Plan PLUS/Commonwealth Indemnity Medicare Extension (OME) Plan
- ▶ Commonwealth Indemnity Community Choice Plan/Commonwealth Indemnity Medicare Extension (OME) Plan
- ▶ Fallon Community Health Plan Direct Care/Fallon Senior Plan Preferred

- ▶ Fallon Community Health Plan Select Care/Fallon Senior Plan Preferred
- ▶ Harvard Pilgrim POS/Harvard Pilgrim Health Care First Seniority
- ▶ Health New England/Health New England MedRate
- ▶ Navigator by Tufts Health Plan/Tufts Health Plan Medicare Complement OR Tufts Health Plan Secure Horizons.

Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs) with Medicare and non-Medicare combination coverage may only enroll in the Commonwealth Indemnity Plan and Commonwealth Indemnity Medicare Extension (OME) Plan, Fallon Senior Plan Preferred and Fallon Community Health Plan Direct or Select Care, or Health New England MedRate and Health New England.

GIC Medicare Choices

The Commonwealth Indemnity Medicare Extension Plan (OME) and HMO Medicare Plans provide comprehensive coverage for some services that Medicare does not cover (for example, prescription drugs). The Commonwealth Indemnity Medicare Extension Plan (OME) is available regardless of where you live. The HMO Medicare plans require you to live in their service areas. *Refer to page 10 for additional information.*

See pages 14-15 for an overview of each plan's benefits.

Helpful Reminders

- ▶ Call or visit your local Social Security office if you want information about Medicare benefits.
- ▶ You may change GIC Medicare plans only during annual enrollment, unless you move out of a GIC Medicare HMO service area.
- ▶ If you want to enroll in the Commonwealth Indemnity Medicare Extension Plan (OME), write to the Group Insurance Commission.
- ▶ If you want to enroll in an HMO Medicare Plan, complete the HMO's Medicare application, available from the plan or our website. You must also notify the GIC in writing.
- ▶ Benefits and rates of Harvard Pilgrim Health Care First Seniority are subject to change January 1, 2005.
- ▶ Medicare HMO enrollment areas may change at any time during the year.

Choosing A Health Plan

Choosing a health plan that's right for you and your family is an important decision. Plan features and points to consider below will assist you in evaluating your options. For some people, an important criterion for choosing a plan is whether your current doctor(s) and hospital(s) are in a plan's network. Keep in mind that providers can leave a plan network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

For most people, premiums, co-pays and deductibles are important considerations when choosing a plan. See pages 25-26 and 29 for plan premiums and pages 14-21 for an overview of plan benefits and out-of-pocket costs.

Are You Eligible to Join?

Retirees, Survivors, County retirees, Survivors entering the GIC program, Retired Municipal Teachers (RMTs) and Elderly Government Retirees (EGRs) and eligible dependents	
WITH MEDICARE	
COMMONWEALTH INDEMNITY MEDICARE EXTENSION (OME) PLAN	MEDICARE HMO*
Yes	Yes, if live in HMO service area

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Retired Municipal Teachers (RMTs) and Elderly Government Retirees (EGRs) and eligible dependents	
WITHOUT MEDICARE	
COMMONWEALTH INDEMNITY PLAN	NON-MEDICARE HMO*
Yes	Yes

Retirees, Former Employees with 39-week or COBRA coverage, Survivors, County retirees and Survivors entering the GIC program and eligible dependents					
WITHOUT MEDICARE					
COMMONWEALTH INDEMNITY PLAN	COMMONWEALTH INDEMNITY PLAN PLUS	COMMONWEALTH INDEMNITY COMMUNITY CHOICE PLAN	HARVARD PILGRIM POS	NAVIGATOR BY TUFTS HEALTH PLAN	NON-MEDICARE HMO
Yes	Yes, if live in plan service area				Yes, if live in HMO service area

* If you or your spouse is younger than age 65, special enrollment rules apply. See page 7 for your plan options.

Choosing A Health Plan *(continued)*

	COMMONWEALTH INDEMNITY & INDEMNITY MEDICARE EXTENSION (OME)	COMMONWEALTH INDEMNITY PLUS	COMMONWEALTH INDEMNITY COMMUNITY CHOICE	HARVARD PILGRIM POS	NAVIGATOR BY TUFTS HEALTH PLAN	MEDICARE & NON- MEDICARE HMOs
Monthly Premium	High	Moderate	Low- Moderate	Moderate	Moderate	Lowest- Highest
	(See pages 25-26 and 29 for premium details)					
Is the plan available in your area?	Unlimited	Limited (See charts on pages 10-11 for coverage by county)				
Does your doctor(s) participate in the plan?	Yes*	Contact the plan	Yes, if your doctor is in Massachusetts	Contact the plan		
Does your hospital(s) participate in the plan?	Yes*	Contact the plan				
Out-of-State Coverage	Unlimited*	Limited <i>available in some contigu- ous states</i>	Limited	Limited <i>available in some contigu- ous states</i>	Limited <i>available in some contigu- ous states</i>	Limited
	(Emergency Room and Urgent Care covered by all plans. See charts on pages 10-11 for coverage by county and contiguous state coverage.)					
Selection of Primary Care Physician (PCP) Required	No	No	No	Yes	No	Yes
PCP Referral to Specialist Required	No	No	No	Yes**	No	Yes**
Plan Authorization for Certain Procedures – such as MRIs, Physical Therapy, & Hospitalizations	Required for All Plans					
Out-of-Network Coverage with reduced benefits	N/A	Yes	Yes	Yes	Yes	No Benefit
Prescription Drug Benefit Administrator	Express Scripts, Inc.	Express Scripts, Inc.	Express Scripts, Inc.	Harvard Pilgrim Health Care	Tufts Health Plan	The HMO
Mental Health/Substance Abuse Administrator	United Behavioral Health	United Behavioral Health	United Behavioral Health	Harvard Pilgrim Health Care	United Behavioral Health	HMOs arrange coverage internally or with a man- aged mental health plan

* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge. This does not apply to Indemnity Medicare Extension Plan (OME) members.

** Referral required in most cases.

Other Points to Consider:

How does the plan rate in “quality”?

See our website or attend a health fair to get a copy of the GIC Health Plan and Leapfrog Report Card.

How does the plan rate in “satisfaction”?

See our website or attend a health fair to get a copy of the GIC Health Plan and Leapfrog Report Card.

Do you or a covered family member have special medical needs?

See pages 14-21 for plan benefit overviews.

Health Plan Locations *With* Medicare

Where you live determines which health plan(s) you are eligible to join. Review the county and state listings below for an overview of health plan(s) available in your area.

	Commonwealth Indemnity Medicare Extension Plan (OME)	Fallon Senior Plan Preferred	Health New England MedRate	Harvard Pilgrim First Seniority	Tufts Health Plan Medicare Complement	Tufts Health Plan Secure Horizons
BARNSTABLE	✓				✓	✓*
BERKSHIRE	✓		✓		✓	
BRISTOL	✓				✓	✓*
DUKES	✓					
ESSEX	✓			✓	✓	✓*
FRANKLIN	✓	✓*	✓		✓	
HAMPDEN	✓	✓*	✓		✓	✓
HAMPSHIRE	✓	✓*	✓		✓	
MIDDLESEX	✓	✓*		✓	✓	✓*
NANTUCKET	✓					
NORFOLK	✓	✓*		✓	✓	✓
PLYMOUTH	✓				✓	✓*
SUFFOLK	✓			✓	✓	✓*
WORCESTER	✓	✓	✓*		✓	✓

* Plans may not be available in every city and town in this county. Call the plans for their specific information.

Outside Massachusetts

Connecticut, Maine, New Hampshire, Rhode Island, and Vermont**

	Commonwealth Indemnity Medicare Extension Plan (OME)	Harvard Pilgrim First Seniority	Tufts Health Plan Medicare Complement
CONNECTICUT	✓		✓
MAINE	✓		
NEW HAMPSHIRE	✓	✓	✓
RHODE ISLAND	✓		✓
VERMONT	✓		✓

** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage. The Commonwealth Indemnity Medicare Extension Plan (OME) is available throughout the United States and out of the country.

Health Plan Locations *Without* Medicare

Where you live determines which health plan(s) you are eligible to join. Review the county and state listings below for an overview of health plan(s) available in your area.

	Commonwealth Indemnity Plan	Commonwealth Indemnity Plan PLUS	Commonwealth Indemnity Community Choice	Harvard Pilgrim POS	Navigator by Tufts Health Plan	Fallon Community Health Plan	Health New England	Neighborhood Health Plan
BARNSTABLE	✓	✓	✓*	✓	✓			
BERKSHIRE	✓	✓	✓	✓	✓		✓	
BRISTOL	✓	✓	✓	✓	✓	✓*		✓
DUKES	✓		✓	✓				
ESSEX	✓	✓	✓	✓	✓	✓		✓
FRANKLIN	✓	✓	✓	✓	✓	✓*	✓	
HAMPDEN	✓	✓	✓	✓	✓	✓*	✓	✓*
HAMPSHIRE	✓	✓	✓	✓	✓	✓*	✓	
MIDDLESEX	✓	✓	✓	✓	✓	✓		✓
NANTUCKET	✓							
NORFOLK	✓	✓	✓	✓	✓	✓		✓
PLYMOUTH	✓	✓	✓	✓	✓	✓*		✓*
SUFFOLK	✓	✓	✓	✓	✓	✓		✓
WORCESTER	✓	✓	✓	✓	✓	✓	✓*	✓*

* Plans may not be available in every city and town in this county. Call the plans for their specific information.

Outside Massachusetts

Connecticut, Maine, New Hampshire, Rhode Island, and Vermont**

	Commonwealth Indemnity Plan	Commonwealth Indemnity Plan PLUS	Harvard Pilgrim POS	Navigator by Tufts Health Plan
CONNECTICUT	✓	✓		✓
MAINE	✓	✓	✓	
NEW HAMPSHIRE	✓	✓	✓	✓
RHODE ISLAND	✓	✓	✓	✓
VERMONT	✓		✓	✓

** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage. The Commonwealth Indemnity Plan is available throughout the United States and out of the country.

Life insurance, provided by UnumProvident, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiary(ies).

Retired Municipal Teachers (RMTs) are eligible for basic life insurance only, in an amount determined by the city or town from which they retire. *See page 28 for details. Survivors, Elderly Governmental Retirees (EGRs), and COBRA enrollees are not eligible for basic or optional life insurance.*

Basic Life Insurance

The Commonwealth requires \$5,000 of Basic Life Insurance for most retirees who have health coverage through the GIC. Survivors, COBRA enrollees, and EGRs are not eligible.

Optional Life Insurance After Retirement (Retired State Employees Only)

Optional life insurance rates will decrease by an average of 25% for most optional life insurance participants as of July 1, 2004. *See page 27 for details.*

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At retirement, you should review the amount of your optional life insurance coverage and its cost to determine whether it makes economic sense for you to maintain it. Optional life insurance rates increase when you retire and continue to increase based on your age. If you have paid off your home and student loans, your tax advisor may recommend against optional life insurance in favor of a savings vehicle. You cannot increase your amount of life insurance after you retire. However, if you decrease coverage and then later want to increase up to the amount you carried as an active employee, you may do so with proof of good health acceptable to UnumProvident.

Optional Life Insurance Non-Smoker Benefit (Retired State Employees Only)

During annual enrollment, retired state employees who have been tobacco-free (*have not smoked cigarettes,*

cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months are eligible for reduced optional life insurance rates effective July 1, 2004. Request an enrollment form by writing to the GIC. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.

Accelerated Life Benefit (Retired State Employees and RMTs)

This benefit provision allows an insured to elect an advance payment of up to 75% of his or her life insurance death benefits if he or she has been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that the insured has a life expectancy of 12 months or less. The remaining balance is paid to the beneficiary at death. You must continue to pay the required monthly premium.

Accidental Death and Dismemberment Benefits (Retired State Employees and RMTs)

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Paralysis
- Brain Damage
- Air Bag and Seat Belt benefits for loss of life in a car accident

Retired Municipal Teachers with Basic Life Insurance of \$1,000 do not have Accidental Death and Dismemberment benefits.

Life Insurance Questions?
Contact the GIC
1.617.727.2310 ext. 801
www.mass.gov/gic

LifeBalance® Benefit

All GIC enrollees have access to UnumProvident's LifeBalance® program. LifeBalance® is a one-stop resource that offers consultation, information, and personalized community referrals 24 hours a day, 7 days a week for you and your family members. You receive telephone and on-line access to assistance for such issues as stress, grief, marital concerns, home repairs, nutrition, legal matters, senior care options, Medicare information, and financial issues. Additionally, you have access to up to three face-to-face counseling sessions per year.

LifeBalance® Questions?
Contact LifeBalance®
1.800.854.1446
www.lifebalance.net
(password & ID: lifebalance)

Three-Tier Co-payment Structure

All GIC health plans have a three-tier co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. The three-tier system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

For most plans, the formulary changes every January. The GIC recommends that you bring your current plan formulary with you to your doctor visits. Frequently there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. ***Discuss with your doctor whether drugs with lower co-payments are appropriate for you.***

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 14-21 for the corresponding co-payment information.* (Some plans categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

Generic: Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as the brand name drug. Generic drugs cost less than brand name drugs because they do not

require the same level of sales, advertising, and development expenses associated with brand name drugs.

Preferred Brand Name/Formulary: The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

Non-Preferred Brand Name/Non-Formulary: These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.

Mail Order Convenience and Savings

If you are taking a medication for a long period of time, you may want to ask your doctor for a 90-day prescription, so you can take advantage of mail order savings. All GIC plans offer this convenient means of obtaining a 90-day supply of drugs prescribed to members for long-term use. For example, if you are an indemnity plan member and are taking a maintenance dose of a preferred brand name drug, you will spend \$60 on co-payments over three months; if you use mail order, you will spend only \$40. *See the Benefits-at-a-Glance charts on pages 14-21 for similar savings in other GIC plans.*

Pharmacy programs will send new enrollees mail order information.

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Prescription Drug Benefits for Commonwealth Indemnity Plans

Members of the Commonwealth Indemnity Plan, Commonwealth Indemnity Medicare Extension (OME) Plan, Commonwealth Indemnity Plan PLUS, and Commonwealth Indemnity Community Choice Plan have two programs that help encourage the use of less expensive prescription drugs:

Step Therapy: The Step Therapy program encourages the most appropriate drug therapy for certain conditions. The program provides coverage for some expensive drug treatments only after safe, effective and less expensive drug treatments are tried first.

Generics Preferred: This program provides an incentive for members to obtain the generic version of a brand name drug. If you obtain a prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug

co-pay as well as the difference between the cost of the generic drug and the cost of the non-preferred brand name drug.

For example, for a 30-day supply obtained at a retail pharmacy, if the cost of the generic drug version of a non-preferred brand name drug is \$30, you will pay only the generic co-pay of \$7. However, if you select the brand version, with a cost of \$50, you will pay the generic drug co-pay as well as the difference in the drug cost, or \$27. This program also applies to mail-order services.

**Commonwealth Indemnity
Plans' Prescription Drug
Benefit Questions?
Contact Express Scripts
1.877.828.9744
www.express-scripts.com**

BENEFITS-AT-A-GLANCE *With Medicare*

This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	COMMONWEALTH INDEMNITY MEDICARE EXTENSION PLAN (OME) with CIC ¹ (Comprehensive) UNICARE	FALLON SENIOR PLAN PREFERRED ²
TELEPHONE NUMBERS	1.800.442.9300	1.800.868.5200
WEBSITES	www.unicare-cip.com	www.fchp.org
Preventive Care <i>office visits according to schedule³</i>	100%, after \$5 per visit	100%, after \$10 per visit
Physician Office Visit <i>(except mental health)</i>	100%, after \$35 calendar year deductible	100%, after \$10 per visit
Inpatient Hospital <i>room, board, and special services</i>	100%, after \$50 deductible per quarter	100%
Hospice Care	100%, after \$35 calendar year deductible	100%
Diagnostic Laboratory Tests and X-rays	100%	100%
Surgery <i>Inpatient & Outpatient</i>	100% within MA; call the plan for out-of-state details	100%
Emergency Room Care <i>(includes out-of-area)</i>	100%, after \$25 co-pay per visit <i>(waived if admitted)</i> <i>(calendar year deductible may apply)</i>	100%, after \$50 co-pay per visit <i>(waived if admitted)</i>
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period	
Prescription Drugs ⁴ <i>Network Pharmacy</i> Up to 30-day supply	\$7 generic \$20 preferred brand name \$40 non-preferred brand name ⁵	\$8 tier I \$15 tier II \$35 tier III
	<i>No coverage is available for out-of-network drugs.</i>	
<i>Mail Order</i> <i>Maintenance Drugs</i> Up to 90-day supply	\$14 generic \$40 preferred brand name \$70 non-preferred brand name ⁵	\$16 tier I \$30 tier II \$105 tier III
Intermediate & Inpatient Mental Health & Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.	
Outpatient Mental Health Care	See page 18 for details.	100%, after \$10 per visit
Outpatient Substance Abuse Care	See page 18 for details.	100%, after \$10 per visit

¹ Without CIC (non-comprehensive), deductibles are higher and coverage is only 80% for some services.

² Benefits and rates of Fallon Senior Plan Preferred and Harvard Pilgrim First Seniority are subject to change January 1, 2005.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

HARVARD PILGRIM HEALTH CARE FIRST SENIORITY ²	HEALTH NEW ENGLAND MEDRATE	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN SECURE HORIZONS
1.800.779.7723	1.800.842.4464	1.800.870.9488	1.800.867.2000
www.harvardpilgrim.org	www.healthnewengland.com	www.tuftshealthplan.com	www.tuftshealthplan.com
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%			
100%			
100%			
100%			
100%, after \$50 co-pay per visit (waived if admitted)			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period			
\$10 generic \$20 brand name select \$35 brand name non-select	\$10 generic \$20 brand name formulary \$40 brand name non-formulary	\$8 generic \$20 brand name \$35 non-preferred brand name	\$15 generic \$25 brand name \$50 non-preferred brand name
No coverage is available for out-of-network drugs.			
\$20 generic \$40 brand name select \$105 brand name non-select	\$20 generic \$40 brand name formulary \$120 brand name non-formulary	\$16 generic \$40 brand name \$70 non-preferred brand name	\$30 generic \$50 brand name \$100 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.			
100%, after \$5 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
Visit(s) 1-8: 100%, after \$5 per visit; Visits 9-20: 100%, after \$25 per visit Visits 21 and up: 50%	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit

³ Contact the plan for the schedule.

⁴ Contact the individual plan to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 13 for details.

BENEFITS-AT-A-GLANCE *Without* Medicare: New Health Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	COMMONWEALTH INDEMNITY COMMUNITY CHOICE PLAN		HARVARD
	Community Choice Network	Out-of-Network ¹	Harvard Pilgrim POS
PROVIDER	UNICARE		Harvard Pilgrim
TELEPHONE NUMBERS	1.800.442.9300		1.800.5
WEBSITES	www.unicare-cip.com		www.harvard
Hospital Care Inpatient hospital room, board, surgery and special services	100%	100% after hospital deductible/co-pay	100%
Hospice Care	100%	100%	100%
Emergency Room Care (includes out-of-area)	100% after \$50 co-pay (waived if admitted)	100% after \$100 co-pay (waived if admitted)	100% after (waived if)
Outpatient Surgery	100% after outpatient surgery deductible/co-pay	100%	100%
Diagnostic Laboratory Tests	100% ³	100% after \$50 co-pay (Hospital) 80% (non-Hospital)	100%
X-rays	100%	100% after \$50 co-pay	100%
Physician Office Visit and Preventive Care (except mental health) Preventive care and well baby care office visits according to schedule ⁴ and immunizations.	100%, after \$10 per visit		100%, after \$15 per visit. No co-pay after 15th calendar year visit per person.
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next		
Inpatient Hospital Deductible/Co-pay	\$200 per admission; maximum one deductible per calendar quarter per person	\$750 per admission	\$400 per admission; maximum 1 co-pay per calendar quarter per person
Outpatient Surgery Deductible/Co-pay	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence	\$75 per occurrence; maximum 4 co-pays annually per person
Calendar Year Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Prescription Drugs ⁵ Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name ⁶ drugs using an Express Scripts, Inc. network pharmacy and your prescription drug card.		\$10 generic, \$20 brand name non-select drugs using a Harvard network pharmacy and your
	No coverage is available for out-of-network		
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$70 non-preferred brand name drugs ⁶		\$20 generic, \$40 brand name, \$80 brand name
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 18		100%, after \$200 per admission; maximum 1 co-pay per calendar year
Outpatient Mental Health, EAP and Substance Abuse Care	See page 18		Visits 1-4: 100%; Visits 5 & over: 100% after \$15 per individual visit or \$10 per group visit

¹ Benefits subject to reasonable and customary charges. Members may be responsible for a portion of the total charge.

² Hospitals are grouped by pediatrics, obstetrics and adult medical/surgical services. Hospital Level I: high quality/high efficiency, Level II: standard quality/standard efficiency.

RMTs and EGRs are not eligible for these Plans.

For more information about plan designs, call the plan or visit its website.

PILGRIM POS			NAVIGATOR PPO BY TUFTS HEALTH PLAN		
Out-of-Network ¹			Tufts Plan Network		Out-of-Network ¹
Harvard Pilgrim Health Care			Tufts Health Plan		
42.1499			1.800.870.9488		
www.harvardpilgrim.org			www.tuftshealthplan.com/gic		
80%		After calendar year deductible, \$3,000 out-of-pocket max. per person	100% after hospital co-pay based on specialty and level ²		80%
80%			100%		
\$50 co-pay (if admitted)			100%, after \$50 co-pay (waived if admitted)		
80%		After calendar year deductible, \$3,000 out-of-pocket maximum per person	100% after outpatient surgery deductible/co-pay		After calendar year deductible, \$3,000 out-of-pocket max. per person
80%			100%		
80%			100%		
80%			100%		
80%			100%, after \$15 per visit. No co-pay after 15th calendar year visit per person.		
Maximum out-of-pocket \$1,500 per person, per two-year period.					
Not applicable			\$200 Level I, \$400 Level II, per admission ³ ; maximum 1 co-pay per calendar quarter per person		Not applicable
Not applicable			\$75 per occurrence; maximum 4 co-pays annually per person		Not applicable
Medical	Mental Health & Substance Abuse				
\$150	\$150		\$0		\$150
\$300	\$300		\$0		\$300
When selecting, \$40 brand name drugs using a Harvard Pilgrim Health Care ID card.			\$10 generic, \$20 brand name, \$35 non-preferred brand name drugs using a Tufts Health Plan network pharmacy and your Tufts ID card.		
Out-of-network prescription drugs.					
Brand-name select, non-select drugs			\$20 generic, \$40 brand name, \$70 non-preferred brand name drugs		
80%, after \$150 per admission			See page 18		
Visits 1-15: 80% Visits 16 and over: 50%			See page 18		

³ Includes preferred vendors and/or physicians' offices.

⁴ Contact the health plan for the schedule.

⁵ Contact the plan to find out how a specific drug is categorized.

⁶ Additional charges may apply. See page 13 for details.

NEW Non-Medicare Health Plan Options

Community Choice Plan (UNICARE)

The Commonwealth Indemnity Community Choice Plan gives members access to any Massachusetts physician. There are no Primary Care Physician or referral notification requirements. Participating members needing hospital care receive the highest benefit when they have routine procedures, such as appendectomies and hernia repair, at one of the 40 participating hospitals. If you are having certain designated complex procedures, such as a coronary artery bypass, additional hospitals with extensive experience in these complex procedures are also covered at the highest benefit level.

The Harvard Pilgrim POS Plan

The Harvard Pilgrim Point of Service (POS) Plan offers coverage by network doctors, hospitals, and other health care providers within the plan's geographic area. Members must choose a Primary Care Physician to coordinate care and obtain referrals. Members may also choose to go outside of Harvard Pilgrim Health Care's provider network, subject to higher out-of-pocket costs. For the next fiscal year (FY06), HPHC will establish tiers of provider groups based on cost and quality. Details will be in next year's *Benefit Decision Guide*.

Navigator PPO by Tufts Health Plan

The Tufts Navigator Plan, a PPO, offers coverage by physicians, specialists and hospitals without referral from a Primary Care Physician. Members may also choose to go outside of Tufts Health Plan's provider network, subject to higher out-of-pocket costs. Your level of hospital benefits is determined by your hospital choice each time that you seek services. For example, if you need to be admitted to the hospital, Tufts Health Plan will provide information on the quality and value of hospitals within the Tufts Health Plan provider network in your area, and your co-payments under the Tufts Navigator Plan will be lower if you choose a high quality, more efficient hospital.

Mental Health and Substance Abuse Benefits

For the Commonwealth Indemnity Plan, Commonwealth Indemnity Medicare Extension (OME) Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Community Choice Plan and Navigator by Tufts Health Plan

Mental health and substance abuse benefits for the Commonwealth Indemnity Plan, Commonwealth Indemnity Medicare Extension (OME) Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Community Choice Plan and Navigator by Tufts Health Plan are provided by United Behavioral Health (UBH). UBH offers a full range of confidential, professional mental health and substance abuse services. UBH clinical staff can help you find a conveniently located network provider and will work with you to make sure you receive the help you need, when you need it. The chart below is an overview of mental health and substance abuse benefits.

BENEFITS	COVERAGE	
	In-Network	Out-of-Network
CONTACT INFORMATION	1.888.610.9039 www.liveandworkwell.com (access code: 10910)	
Annual Deductible (Separate from the medical deductible and out-of-pocket maximum)	None	\$100 per person (Medicare Extension OME) \$150 per person (Indemnity Plan, PLUS, Community Choice, and Tufts Navigator) \$75 per person (RMT, EGR)
Inpatient Care <i>Per Admission Deductible</i>	\$150 per calendar quarter (Indemnity) \$200 per calendar quarter (PLUS, Community Choice and Tufts Navigator) \$50 per calendar quarter (Medicare Extension OME)	\$150 per admission
Mental Health General hospital Psychiatric hospital Substance Abuse¹ General hospital or substance abuse facility	100%	80% ²
Intermediate Care³ (Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, halfway houses, therapeutic foster care, day/partial hospitals, structured outpatient treatment programs.)	100%	80%
Outpatient Care³ (Including, but not limited to, individuals, family, group therapy, and medication management.) Enrollee Assistance Program (EAP): (Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.)	First 4 visits: 100% Visits 5 and over: \$15 per visit (Indemnity, PLUS, Community Choice and Tufts Navigator) \$10 per visit (Medicare Extension OME)	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ⁴ No coverage for EAP
In-Home Mental Health Care³	100%	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ⁴
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Substance Abuse Incentive – Members reimbursed for inpatient and outpatient co-pays if they complete inpatient and post-discharge care.

² Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

³ Treatment that is not pre-certified receives out-of-network-level reimbursement.

⁴ All outpatient out-of network visits beyond session 15 require pre-authorization.

BENEFITS-AT-A-GLANCE *Without Medicare: Commonwealth Indemnity & PLUS*

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.
For more information about plan designs, call the plan or visit its website.

BENEFITS	COMMONWEALTH INDEMNITY PLAN ¹ WITH CIC ² (Comprehensive)	COMMONWEALTH INDEMNITY PLAN PLUS	
		PLUS Network	Out-of-Network ¹
PROVIDER	UNICARE	UNICARE	
TELEPHONE NUMBERS	1.800.442.9300	1.800.442.9300	
WEBSITES	www.unicare-cip.com	www.unicare-cip.com	
Hospital Care Inpatient hospital room, board, surgery and special services	100%	100%	80%
	after hospital deductible		
Hospice Care	100% after calendar year deductible	100%	100% after calendar year deductible
Emergency Room Care (includes out-of-area)	100% after \$50 co-pay (waived if admitted)		
Outpatient Surgery	100%	100%	80%
		after outpatient surgery deductible	
Diagnostic Laboratory Tests	100% with preferred provider 80% of allowed charges without preferred provider	100%	80%
X-rays	100%	100%	80%
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	100%, after \$10 per visit	80% after \$10 per visit and calendar year deductible
	No co-pay after 15th calendar year visit per person		
Preventive Care Preventive care and well baby care office visits according to schedule ³ and immunizations.	100%, after \$10 per visit	100% after \$10 per visit	80% after \$10 per visit
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	\$200	\$300
Outpatient Surgery Deductible	\$0	\$75 per calendar quarter	\$75 per calendar quarter
Calendar Year Deductible <i>Individual</i>	\$75	\$0	\$100
<i>Family</i>	Two members at \$75 each	\$0	Two members at \$100 each
Prescription Drugs ⁴ <i>Network Pharmacy</i> – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ⁵ using an Express Scripts, Inc. network pharmacy and your prescription drug card. <i>No coverage is available for out-of-network prescription drugs.</i>		
<i>Mail Order</i> – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$70 non-preferred brand name ⁵ .		
Mental Health & Substance Abuse Care	See page 18		

¹ Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

² Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.

³ Contact the health plan for the schedule.

⁴ Contact Express Scripts to see how a specific drug is categorized.

⁵ Additional charges may apply. See page 13 for details.

BENEFITS-AT-A-GLANCE *Without* Medicare: HMO

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
TELEPHONE NUMBERS	1.800.868.5200	1.800.868.5200
WEBSITES	www.fchp.org	www.fchp.org
Inpatient Hospital Care Inpatient hospital room, board, surgery and special services	100%, after \$250 co-pay per admission. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
Outpatient Surgery	100%, after \$75 co-pay per occurrence. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
Diagnostic Laboratory Tests and X-rays	100%	
Hospice Care	100%	
Emergency Room Care (Includes out-of-network)	100% after \$75 co-pay per visit for all plans (waived if admitted).	
Physician Care <i>Primary Care Physician Office Visits</i> <i>Specialist Physician Office Visits</i> <i>Preventive Care Office Visits</i> <i>according to schedule¹ and immunizations.</i>	100%, after \$10 per visit 100%, after \$15 per visit Adult: 100%, after \$10 per visit Child: 100% 100%, after \$150 per individual; \$250 per family	100%, after \$15 per visit 100%, after \$20 per visit Adult: 100%, after \$15 per visit Child: 100%, after \$5 per visit 100%, after \$225 per individual; \$375 per family
	Administration of visit co-pay maximums differs among plans. Call plans for details.	
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Prescription Drugs² <i>Network Pharmacy</i> Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III	\$5 tier I \$20 tier II \$60 tier III
<i>Mail Order</i> Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III	\$10 tier I \$40 tier II \$180 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
Outpatient Mental Health and Substance Abuse Care	100%, after \$10 per visit 100%, after 15th visit annually per individual, 25th visit annually per family. Administration of visit co-pay maximums differs among plans. Call plans for details.	

¹ Contact the health plan for the schedule.

² Contact the individual plan to find out how a specific drug is categorized.

HEALTH NEW ENGLAND	NEIGHBORHOOD HEALTH PLAN
1.800.842.4464	1.800.433.5556
www.healthnewengland.com	www.nhp.org
100%, after \$200 co-pay per admission. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
100%, after \$75 co-pay per occurrence. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
100%	100%
100%	100%
100% after \$50 co-pay per visit for all plans (<i>waived if admitted</i>).	
100%, after \$15 per visit 100% after 15th visit annually per individual, 25th visit annually per family.	
Administration of visit co-pay maximums differs among plans. Call plans for details	
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
\$10 generic \$20 brand name formulary \$40 brand name non-formulary	\$10 generic \$20 preferred brand name \$40 non-preferred brand name
\$20 generic \$40 brand name formulary \$120 brand name non-formulary	\$20 generic \$40 preferred brand name \$120 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
100%, after \$15 per visit	
100%, after 15th visit annually per individual, 25th visit annually per family. Administration of visit co-pay maximums differs among plans. Call plans for details.	

*For more information about
a specific plan's benefits or
providers, call the plan or
visit its website.*

GIC Retiree Dental Plan

Altus Dental Insurance Co., Inc. administers the GIC Retiree Dental Plan. The plan offers a fixed reimbursement for dental services, such as examinations, cleanings, fillings, crowns and dentures. As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting a participating provider. When you visit one of the over 1,000 Massachusetts network providers, your out-of-pocket expenses will generally be lower and Altus will pay the provider directly. If you go to a non-Altus dentist, Altus will reimburse you according to the scheduled allowance.

This is an entirely voluntary plan (*retiree-pay-all*) that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

FY05 Benefit Enhancements

Effective July 1, 2004, monthly premiums will decrease by over 13%. *See page 27 for details.*

Additionally, the calendar year maximum benefit will increase from \$750 to \$850 per member. Reimbursement levels have also been increased, thereby reducing enrollees' potential out-of-pocket expenses.

Questions?
Contact Altus Dental
1.800.722.1148
www.altusdental.com

The following are examples of the reimbursements you would receive for dental procedures, reflecting increased allowances, effective July 1, 2004:

Maximum Annual Benefit of \$850 per Member Effective July 1, 2004	
Procedure Description	Allowance
Adult Cleaning	\$65
Complete X-Ray Series	\$87
Three-surface Silver Filling	\$74
Porcelain Crown (coverage after 6 months of participation)	\$372
Complete Upper Denture (coverage after 6 months of participation)	\$361

Enrollment

All GIC retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Officials (EGRs), and survivors may join during annual enrollment, when COBRA dental coverage ends, or at retirement.

However, if you drop coverage after joining, you can never re-enroll in the plan. Participants will be eligible for Type III Dental Services (*major restorative treatment like crowns or dentures*) after six months of participation.

GIC Retiree Vision Discount Plan

The GIC Retiree Vision Discount Plan, provided by Davis Vision, offers considerable savings on a number of vision services and products. The plan is available at any of the over 14,000 participating Davis Vision providers throughout the United States. However, you must call Davis Vision before visiting the office in order to participate. The plan provides significant discounts on eye examinations, frames, spectacle lenses, and contact lenses. In addition, all eyeglasses purchased through the Retiree Vision Plan are covered by a two-year unconditional warranty against breakage at no additional cost.

Questions?
Contact Davis Vision
1.800.783.3594
www.davisvision.com

Health Insurance Buy-Out Option

If you were insured with the GIC on June 1, 1993, and have been continuously covered by a GIC health plan, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission. Under the buy-out plan, eligible retirees may choose to receive monthly payments in lieu of health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan.

Questions?
Contact the GIC
1.617.727.2310
www.mass.gov/gic

LEAPFROG GROUP 2003 SURVEY RESULTS *for Massachusetts Hospitals*

Annual enrollment is a great time to prepare for the year ahead. As you consider your health care choices, please review the following charts to learn about an important issue – preventable medical mistakes in hospitals. This information can help you choose the best and safest hospital for high-risk procedures. Routine procedures are often safely and effectively performed at your local hospital. Contact your health plan for more information. You should always talk to your doctor and health plan before making any decisions about your health.

Preventable medical mistakes – a leading cause of death

Did you know that the Institute of Medicine found that up to 98,000 people die each year in America's hospitals, due to *preventable* medical mistakes? While death is the most tragic outcome, medical mistakes cause other problems too. They can lead to disabilities, longer hospital stays, longer recoveries and/or more treatments.

The GIC has taken a lead in tackling this problem because we are concerned about the health and safety of our employees, retirees, and their families. Many medical mistakes are *preventable* – which means something *can* be done. We are a member of The Leapfrog Group, a coalition of more than 145 organi-

zations devoted to helping over 34 million people nationwide make better health care choices. The following Leapfrog measures have been proven through medical research to save lives. We encourage all of our enrollees to become informed health care consumers:

- ▶ Choose hospitals where doctors use computerized prescription ordering systems (CPOE)
- ▶ Select hospitals with proven outcomes or extensive experience with specific surgical procedures and high-risk obstetrical care
- ▶ Choose hospitals with Intensive Care Units (ICUs) staffed with board-certified critical care physicians

The information on this Report Card is what hospitals have reported to the Leapfrog Group as of December 31, 2003. For additional information about these procedures, and more up-to-date data, visit the Leapfrog Group's website: www.leapfroggroup.org.

These hospitals have **not** responded to the Leapfrog Group's requests for data as of December 31, 2003:

Cooley Dickinson Hospital Inc., Northampton
Hale Hospital, Haverhill
Lawrence General Hospital, Lawrence
Milton Medical Center, Milton






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




















For information on hospitals that partially meet the Leapfrog standards for the following six conditions/procedures, see the GIC's 2003 Health Plan and Leapfrog Report Card, available on our website and at the GIC health fairs.






































































HOSPITALS THAT MEET OR EXCEED LEAPFROG STANDARDS – For these six conditions/procedures:	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Baystate Medical Center	●		●			●
Beth Israel Deaconess Medical Center	●			●	●	
Boston Medical Center	●			●		
Brigham and Women's Hospital			●	●	●	●
Caritas St. Elizabeth's Medical Center						●
Mary & Arthur Clapham Hospital (Lahey Clinic)	●	●		●	●	
Massachusetts General Hospital	●		●	●	●	●
Tufts New England Medical Center						●
UMass Memorial Medical Center					●	

Leapfrog Report Card – Survey Results as of December 31, 2003

SYMBOL KEY

-  Fully implemented Leapfrog's recommended safety practice
-  Good progress in implementing Leapfrog's recommended safety practice
-  Good early stage effort in implementing Leapfrog's recommended safety practice
-  Willing to report publicly; did not yet meet Leapfrog's criteria for a good early stage effort
-  Did not disclose
- N/A** Not Applicable (*Recommended safety practice does not apply to this particular hospital because it does not offer the service to which the safety practice applies*)

HOSPITAL NAME	Computer-ized Drug Orders	ICU Staffing
Addison Gilbert Hospital		
Anna Jaques Hospital		
Athol Memorial Hospital		
Baystate Medical Center		
Berkshire Medical Center Inc.		
Beth Israel Deaconess Hospital-Needham		
Beth Israel Deaconess Medical Center		
Beverly Hospital		
Boston Medical Center		
Brigham and Women's Hospital		
Brockton Hospital		
Cambridge Health Alliance		
Cape Cod Hospital		
Caritas Carney Hospital		
Caritas Good Samaritan Medical Center		
Caritas Norwood Hospital		
Caritas St. Elizabeth's Medical Center		
Children's Hospital		
Clinton Hospital		N/A
Dana-Farber Cancer Institute		N/A
Emerson Hospital		
Fairview Hospital		
Falmouth Hospital		
Faulkner Hospital		
Franklin Medical Center		
Hallmark Health System/Lawrence Memorial Hospital of Medford		
Hallmark Health System/Melrose-Wakefield		
Harrington Memorial Hospital		
Health Alliance Hospitals Inc.		

HOSPITAL NAME	Computer-ized Drug Orders	ICU Staffing
Heywood Hospital		
Holy Family Hospital & Medical Center		
Holyoke Hospital Inc.		
Hubbard Regional Hospital		
Jordan Hospital Inc.		
Leonard Morse Hospital		
Lowell General Hospital		
Marlborough Hospital		
Mary & Arthur Clapham Hospital (Lahey Clinic)		
Mary Lane Hospital		
Massachusetts Eye and Ear Infirmary		N/A
Massachusetts General Hospital		
Mercy Medical Center		
Metrowest Medical Center		
Milford Whitinsville Regional Hospital		
Morton Hospital & Medical Center		
Mt. Auburn Hospital		
Nashoba Valley Medical Center		
New England Baptist Hospital		
Newton-Wellesley Hospital		
Noble Hospital		
North Adams Regional Hospital		
Quincy Medical Center		
Saints Memorial Medical Center Inc.		
Salem Hospital @ The North Shore Medical Center		
South Shore Hospital		
Southcoast Hospitals Group Inc. - Fall River, New Bedford, Wareham, Mass.		
St. Anne's Hospital Corporation		
St. Vincent Hospital		
Sturdy Memorial Hospital		
Tufts New England Medical Center		
UMass Memorial Medical Center		
Union Hospital @ The North Shore Medical Center		
Winchester Hospital		
Wing Memorial Hospital		

Monthly GIC Plan Rates *as of July 1, 2004*

For retirees who retired **ON OR BEFORE 7/1/94** and Survivors¹

BASIC LIFE INSURANCE	RETIREE PAYS	COMMONWEALTH PAYS	TOTAL PREMIUM
Basic Life Insurance Only (\$5,000 Coverage)	\$0.53	\$4.77	\$5.30

Without MEDICARE PLANS²

HEALTH PLAN COSTS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Plan with CIC (comprehensive)	\$75.61	\$467.56	\$543.17	\$172.07	\$1,054.77	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	51.95	467.56	519.51	117.20	1,054.77	1,171.97
Commonwealth Indemnity Plan PLUS	38.18	343.57	381.75	87.81	790.25	878.06
Commonwealth Indemnity Community Choice Plan	35.30	317.71	353.01	84.61	761.50	846.11
Harvard Pilgrim POS	38.17	343.48	381.65	91.54	823.88	915.42
Navigator by Tufts Health Plan	36.38	327.37	363.75	87.21	784.89	872.10
Fallon Community Health Plan Direct Care	28.10	252.93	281.03	66.71	600.39	667.10
Fallon Community Health Plan Select Care	33.74	303.67	337.41	80.26	722.29	802.55
Health New England	29.29	263.63	292.92	71.73	645.60	717.33
Neighborhood Health Plan	31.37	282.31	313.68	80.66	725.95	806.61

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With MEDICARE PLANS²

HEALTH PLAN COSTS (Including Basic Life Insurance)	PER PERSON COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (comprehensive)	\$39.01	\$272.43	\$311.44
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (non-comprehensive)	30.27	272.43	302.70
Fallon Senior Plan Preferred ³	24.40	219.62	244.02
Harvard Pilgrim Health Care First Seniority ³	20.57	185.13	205.70
Health New England MedRate	36.19	325.71	361.90
Tufts Health Plan Medicare Complement	29.48	265.28	294.76
Secure Horizons	18.80	169.22	188.02

¹ Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.53 from monthly Retiree Pays premium.

² EGRs – call the GIC for monthly rates.

³ Benefits and rates are subject to change January 1, 2005.

Monthly GIC Plan Rates as of July 1, 2004

For retirees who retired **AFTER 7/1/94**

BASIC LIFE INSURANCE	RETIREE PAYS	COMMONWEALTH PAYS	TOTAL PREMIUM
Basic Life Insurance Only (\$5,000 Coverage)	\$0.80	\$4.50	\$5.30

Without MEDICARE PLANS¹

HEALTH PLAN COSTS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Plan with CIC (comprehensive)	\$101.59	\$441.58	\$543.17	\$230.67	\$996.17	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	77.93	441.58	519.51	175.80	996.17	1,171.97
Commonwealth Indemnity Plan PLUS	57.27	324.48	381.75	131.71	746.35	878.06
Commonwealth Indemnity Community Choice Plan	52.96	300.05	353.01	126.92	719.19	846.11
Harvard Pilgrim POS	57.25	324.40	381.65	137.32	778.10	915.42
Navigator by Tufts Health Plan	54.57	309.18	363.75	130.82	741.28	872.10
Fallon Community Health Plan Direct Care	42.16	238.87	281.03	100.07	567.03	667.10
Fallon Community Health Plan Select Care	50.62	286.79	337.41	120.39	682.16	802.55
Health New England	43.94	248.98	292.92	107.60	609.73	717.33
Neighborhood Health Plan	47.06	266.62	313.68	121.00	685.61	806.61

With MEDICARE PLANS¹

HEALTH PLAN COSTS (Including Basic Life Insurance)	PER PERSON COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (comprehensive)	\$54.15	\$257.29	\$311.44
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (non-comprehensive)	45.41	257.29	302.70
Fallon Senior Plan Preferred ²	36.61	207.41	244.02
Harvard Pilgrim Health Care First Seniority ²	30.86	174.84	205.70
Health New England MedRate Plan	54.29	307.61	361.90
Tufts Health Plan Medicare Complement	44.22	250.54	294.76
Secure Horizons	28.21	159.81	188.02

¹ EGRs – call the GIC for monthly rates.

² Benefits and rates are subject to change January 1, 2005.

GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member	
COVERAGE TYPE	MONTHLY PREMIUM
SINGLE	\$29.99
FAMILY	71.51

RETIREE MONTHLY OPTIONAL LIFE INSURANCE RATES

including Accidental Death and Dismemberment

Retired Employees AGE	SMOKER RATE	NON-SMOKER RATE
	Per \$1,000 of Coverage	Per \$1,000 of Coverage
Under Age 70	\$ 1.74	\$ 1.29
70 – 74	3.25	2.49
75 – 79	8.13	6.21
80 – 84	15.34	11.72
85 – 89	24.29	18.55
90 – 94	34.83	28.19
95 – 99	76.07	61.56
Ages 100 & over	145.86	118.03



Monthly GIC Plan Rates *as of July 1, 2004*

For *Retired Municipal Teachers*

Basic Life Insurance

CITY/TOWN			RMT Pays	City/Town Pays	Total Premium
BASIC LIFE: \$1,000 Coverage			\$0.90	\$1.85	\$2.75
Amesbury	Newbury				
Andover	Orange				
Blackstone Valley Regional SD	Paxton				
Bridgewater	Pelham				
Gloucester	Pioneer Valley Regional SD				
Granby	Plainville				
Hampden-Wilbraham Regional SD	Salisbury				
Narragansett Regional SD	Wilbraham				
BASIC LIFE: \$2,000 Coverage			\$0.90	\$4.64	\$5.54
Amherst	Milton	Stoughton			
Amherst-Pelham Regional SD	Monson	Upper Cape Cod			
Barnstable	North Andover	Regional SD			
Blue Hills Regional SD	Quabbin Regional SD	Ware			
Cohasset	Rehoboth	W. Springfield			
Dennis	Rockland	Whitman-Hanson SD			
Lawrence	Shawsheen Valley	Winthrop			
Martha's Vineyard Regional SD	Regional SD				
BASIC LIFE: \$3,000 Coverage			\$1.35	\$6.96	\$8.31
Weymouth					
BASIC LIFE: \$4,000 Coverage			\$1.80	\$9.28	\$11.08
Rockport					
BASIC LIFE: \$5,000 Coverage			\$2.25	\$11.60	\$13.85
Berkshire Hills Regional SD	Holbrook	Revere			
Berlin-Boylston Regional SD	Holyoke	Rutland			
Billerica	Hudson	Salem			
Bourne	Medford	Saugus			
Dedham	Millis	Spencer			
Eastham	Montague	Stoneham			
Everett	North Adams	Wareham			
Franklin	North Attleboro	Watertown			
Gill-Montague Regional SD	N. Middlesex Regional SD	W. Bridgewater			
Greater Lawrence Regional SD	Norwell	Westfield			
Harvard	Randolph	Woburn			
Hingham					
BASIC LIFE: \$10,000 Coverage			\$4.50	\$23.20	\$27.70
Braintree					
BASIC LIFE: \$15,000 Coverage			\$6.75	\$34.80	\$41.55
Spencer-E. Brookfield Regional SD					

How to calculate your Monthly Premium as of July 1, 2004

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart.
- 2 Locate your "RMT Pays" rate for life insurance.
- 3 Add that amount to the RMT Pays premium below for the health plan you are interested in to determine your monthly health and life insurance premium.

Without MEDICARE PLANS¹

HEALTH PLAN COSTS	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	RMT Pays	City/Town Pays	Total Premium	RMT Pays	City/Town Pays	Total Premium
Commonwealth Indemnity Plan with CIC (<i>comprehensive</i>)	\$80.03	\$466.62	\$546.65	\$189.95	\$1,086.88	\$1,276.83
Commonwealth Indemnity Plan without CIC (<i>non-comprehensive</i>)	51.85	466.62	518.47	120.76	1,086.88	1,207.64
Fallon Community Health Plan Direct Care	27.57	248.16	275.73	66.18	595.62	661.80
Fallon Community Health Plan Select Care	33.21	298.90	332.11	79.73	717.52	797.25
Health New England	28.76	258.86	287.62	71.20	640.83	712.03
Neighborhood Health Plan	30.84	277.54	308.38	80.13	721.18	801.31

With MEDICARE PLANS¹

HEALTH PLAN COSTS	PER PERSON COVERAGE		
	RMT Pays	City/Town Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (<i>comprehensive</i>)	\$45.25	\$291.61	\$336.86
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (<i>non-comprehensive</i>)	32.40	291.61	324.01
Fallon Senior Plan Preferred ²	23.87	214.85	238.72
Harvard Pilgrim Health Care First Seniority ²	20.04	180.36	200.40
Health New England MedRate Plan	35.66	320.94	356.60
Tufts Health Plan Medicare Complement Secure Horizons	28.95	260.51	289.46
	18.27	164.45	182.72

¹ EGRs and RMTs from Peabody – call the GIC for monthly rates.

² Benefits and rates are subject to change January 1, 2005.

Case Management – With case management, health care clinicians are assigned to work with patients who have serious conditions that require extensive treatment or prolonged care (*for example, multiple sclerosis, spinal cord injuries or AIDS*). Case managers suggest and coordinate patients' treatment to enhance quality of care. Patients' families may be involved as well. The goal is to provide the best possible management of cases that involve complex or ongoing care.

CIC (Catastrophic Illness Coverage) – CIC is an optional part of the Commonwealth Indemnity Plan. CIC increases the benefits for most covered services to 100%, subject to deductibles and co-payments. It is an enrollee-pay-all benefit. Enrollees without CIC pay higher deductibles and receive only 80% coverage for some services. Over 99% of current Indemnity Plan members select CIC.

COBRA – A federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life events. Premiums cost 102% of the full cost group premium.

Deferred Retirement – An option to maintain group life and health coverage for insureds who leave state service and are eligible for a pension, but do not wish to collect the pension yet.

EGR (Elderly Governmental Retiree) – A state employee who retired from state service prior to January 1, 1956. Also, certain municipal employees who retired prior to the date their city or town elected to provide health insurance benefits to their employees/retirees and whose municipality has elected to participate in the EGR program.

GIC (Group Insurance Commission) – The Group Insurance Commission (GIC) is a quasi-independent state agency governed by an 11-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, and retired municipal employees and teachers in certain cities and towns.

HMO (Health Maintenance Organization) – A health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

Networks – Networks are groups of doctors, hospitals and other health care providers. Members treated by network providers usually receive the maximum level of benefits.

PCP (Primary Care Physician) – The doctor you select within an HMO or POS plan to provide and coordinate your health care.

POS (Point of Service) – A health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides (lower) benefits for treatment by out-of-network providers. A POS plan requires the selection of a Primary Care Physician.

PPO (Preferred Provider Organization) – A health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides (lower) benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

RMT (Retired Municipal Teacher) – A retired teacher from a city, town or school district who is receiving a pension from the Teacher's Retirement Board and whose municipality has elected to participate in the RMT program.

39-Week Layoff Coverage – Allows laid-off state insureds to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

Utilization Review – With utilization review, health plan staff work with your providers to determine the treatment you need and where it is best provided. For example, you can be quite sick, but not need to be cared for in a hospital. In today's medical world, there often are hospital alternatives, such as skilled nursing facilities, home health care and hospice care.

For answers to common GIC questions, see the *Your GIC Records* section of our website:
www.mass.gov/gic

GIC Health Fair Schedule 2004

For additional benefit information, attend your local GIC health fair.

APRIL 2004

13 TUESDAY 11:00-3:00

Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM, MA

14 WEDNESDAY 11:00-3:00

Bristol Community College
Commonwealth Center-Atrium Area
777 Elsbree Street
FALL RIVER, MA

15 THURSDAY 11:00-3:00

Springfield State Office Building
Room B42
436 Dwight Street
SPRINGFIELD, MA

16 FRIDAY 11:00-2:00

Berkshire Community College
Patterson Field House
1350 West Street
PITTSFIELD, MA

20 TUESDAY 11:00-3:00

State Lottery Commission
1st Floor Conference Room
60 Columbian Street
BRAINTREE, MA

21 WEDNESDAY 10:00-3:00

China Trade Building
Learning Center 1st Floor
2 Boylston Street
BOSTON, MA

22 THURSDAY 11:00-3:00

Middlesex Community College
Campus Center Building 8
Springs Road
BEDFORD, MA

23 FRIDAY 11:00-3:00

Quinsigamond Community College
Library/Learning Center Room 109
670 West Boylston Street
WORCESTER, MA

26 MONDAY 10:00-3:00

Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW, MA

27 TUESDAY 10:00-2:00

U-Mass Amherst
Student Union Ballroom
AMHERST, MA

29 THURSDAY 11:00-3:00

Northshore Community College
Health & Science Building
One Ferncroft Road
DANVERS, MA

MAY 2004

1 SATURDAY 11:00-3:00

Mass Maritime Academy
Academy Drive
Bay State Conference Center
BUZZARDS BAY, MA

4 TUESDAY 10:00-2:00

Northern Essex Community College
Haverhill Campus
Bentley Library Conference Area A&B
Elliott Way
HAVERHILL, MA

5 WEDNESDAY 9:00-3:00

McCormack State Office Building
One Ashburton Place-21st Floor
BOSTON, MA

7 FRIDAY 11:00-3:00

Mt. Wachusett Community College
Commons Area
444 Green Street
GARDNER, MA

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**Commonwealth of Massachusetts
Group Insurance Commission**

Contact Information

For more information about specific plan benefits, call a plan representative.
Be sure to indicate you are a GIC insured.

Health Insurance

Commonwealth Indemnity Plan Commonwealth Indemnity Plan PLUS Commonwealth Indemnity Community Choice Plan Indemnity Medicare Extension (OME) Plan (UNICARE)	1.800.442.9300	www.unicare-cip.com
Commonwealth Indemnity Plans Prescription Drugs (<i>Express Scripts</i>)	1.877.828.9744	www.express-scripts.com
Commonwealth Indemnity Plans and Navigator by Tufts Health Plan Mental Health/Substance Abuse, EAP (<i>United Behavioral Health</i>)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Harvard Pilgrim POS	1.800.542.1499	www.harvardpilgrim.org
Navigator by Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic
Fallon Community Health Plan <i>Direct Care</i> <i>Select Care</i> <i>Senior Plan Preferred</i>	1.800.868.5200	www.fchp.org
Harvard Pilgrim Health Care <i>First Seniority</i>	1.800.779.7723	www.harvardpilgrim.org
Health New England <i>HMO</i> <i>MedRate</i>	1.800.842.4464	www.healthnewengland.com
Neighborhood Health Plan	1.800.433.5556	www.nhp.org
Tufts Health Plan <i>Medicare Complement</i> <i>Secure Horizons</i>	1.800.870.9488 1.800.867.2000	www.tuftshealthplan.com

Other Benefits

Life/AD&D Insurance (<i>UnumProvident</i>) – Call the GIC	1.617.727.2310 ext. 801	www.mass.gov/gic
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1.800.783.3594	www.davisvision.com
Retiree Dental Plan (<i>Altus</i>)	1.800.722.1148	www.altusdental.com
LifeBalance®	1.800.854.1446	www.lifebalance.net (password & ID: lifebalance)

Additional Resources

Social Security Administration	1.800.772.1213	www.ssa.gov
Medicare	1.800.633.4227	www.medicare.gov
State Retirement Board	1.617.367.7770	www.mass.gov/treasury/srb.htm
GIC TDD/TTY Access	1.617.227.8583	Not Available

Retirees, Survivors, Elderly Governmental
Retirees, Retired Municipal Teachers and Former
Employees with 39-week Coverage or COBRA

Other questions?
Call the GIC 617.727.2310, ext. 801 • www.mass.gov/gic.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 12 de abril hasta el 14 de mayo del 2004. Durante dicho período, usted como (*empleado o jubilado del estado*) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de julio del 2004. Para obtener más información, sírvase llamar a Group Insurance Commission (*Comisión de Seguros de Grupo*) al **617.727.2310**, extensión 801. Hay empleados que hablan Español que le ayudarán.

Audio Tape For Visually Impaired

If you know of an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a Benefit Decision Guide audio tape:

617.727.2310, ext. 801

**Visit Our
Website:**
www.mass.gov/gic
**for news, forms &
information**

年度登記

年度登記在2004年4月12日開始，於5月14日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2004年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 801。

Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 12 tháng Tư và chấm dứt vào ngày 14 tháng Năm, 2004. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2004. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 801.

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